

AUTHORISATION FORM

(To be completed by the Life Assured / Assured / Legal Guardian)

To: Singapore Life Ltd.

PROPOSAL / POLICY DETAILS

Name of Life Assured :

Name of Assured :

Proposal No. / Policy No. :

AUTHORISATION

I, _____ of NRIC / Passport / FIN No.* _____
(Name)

hereby request and authorise Singapore Life Ltd. to send medical reports/test results according to the selection below on Mr. / Mrs. / Mdm. /

Ms. / Dr. _____ of NRIC / Passport / FIN / BC No.* _____
(Name)

RECIPIENT OF REPORT (Please select one)

Medical report to Life Assured / Assured via email

Name of Life Assured / Assured* :

Email address (This will replace our records accordingly) :

Medical report to Doctor/Clinic/Hospital via email

Name of Doctor/Clinic/Hospital :

Email address :

Contact Number :

Address :

TYPE OF MEDICAL REPORTS / TEST RESULTS (Please select as appropriate)

Blood Test

Resting ECG

Exercise / Stress ECG

Chest X-ray

Urine Test

Note: Medical Examination and Medical Attendant's Report are not available.

PLEASE STATE YOUR REASON(S) FOR REQUESTING COPIES OF THE REPORTS

AUTHORISATION FORM

(To be completed by the Life Assured / Assured / Legal Guardian)

DECLARATION

I/We understand and acknowledge that all medical examination reports are confidential, and the abovementioned reports are being released to be used solely for the purpose of seeking medical advice / personal records*. I/We declare and undertake that the documents and/or contents released will not be used for any other purpose without your prior written consent. Notwithstanding the reasons provided for my/our request, Singapore Life Ltd. reserves the right to reject the request as it deems fit.

I/We, the Assured and/or the Life Assured, my/our personal representative(s)/estate or any person acting on my/our behalf, hereby undertake that I/We shall not commence, hold responsible or liable Singapore Life Ltd. or any of its employees, servants, agents, advisers, reinsurers, panel doctors or any other independent contractors, whether under contract, tort or otherwise, for any losses or damages arising from or in connection with the requested documents or its contents, including the delivery or non-delivery of the requested documents.

IMPORTANT NOTE:

AN ADMINISTRATION FEE OF \$100.00 AND \$50.00 WILL BE CHARGED FOR CONCIERGE AND NON-CONCIERGE (INCLUDING GROUP INSURANCE SCHEMES) APPLICATION RESPECTIVELY. PLEASE ATTACH CHEQUE PAYABLE TO "SINGAPORE LIFE LTD." TOGETHER WITH THIS REQUEST. WE WILL EMAIL THE MEDICAL REPORTS TO THE SELECTED RECIPIENT UPON APPROVAL. SHOULD YOUR REQUEST BE REJECTED, THE CHEQUE WILL BE RETURNED TO YOU.

Signature of Assured / Parent / Legal Guardian*

Signature of Life Assured

Name

Name

Relationship to Life Assured

Date (DD/MM/YY)

 / /

Date (DD/MM/YY)

 / /

*Delete as appropriate